

| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET<br>(FOR USE WITH FORM PTO-876) |          |      |                        |      |                        | SERIAL NO. <i>980346</i> | FILING DATE |
|--|----------|------|------------------------|------|------------------------|--------------------------|-------------|
|  |          |      |                        |      |                        | APPLICANT(S)             |             |
| CLAIMS   |          |      |                        |      |                        |                          |             |
|  | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |                          |             |
|  | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP.                     |             |
| 1  | 1        | 1    | 1                      |      |                        |                          |             |
| 2  |          | 1    | 1                      |      |                        |                          |             |
| 3  |          | 1    | 1                      |      |                        |                          |             |
| 4  |          | 3    | 1                      |      |                        |                          |             |
| 5  |          | 1    |                        |      |                        |                          |             |
| 6  |          |      |                        |      |                        |                          |             |
| 7  |          |      |                        |      |                        |                          |             |
| 8  |          |      |                        |      |                        |                          |             |
| 9  |          |      |                        |      |                        |                          |             |
| 10   |          |      |                        |      |                        |                          |             |
| 11   |          |      |                        |      |                        |                          |             |
| 12   |          |      |                        |      |                        |                          |             |
| 13   |          |      |                        |      |                        |                          |             |
| 14   |          |      |                        |      |                        |                          |             |
| 15   |          |      |                        |      |                        |                          |             |
| 16   |          |      |                        |      |                        |                          |             |
| 17   | 1        | 0    | 1                      | 1    |                        |                          |             |
| 18   | 1        | 1    | 1                      | 1    |                        |                          |             |
| 19   |          | 1    |                        |      |                        |                          |             |
| 20   |          | 0    |                        |      |                        |                          |             |
| 21   |          |      |                        |      |                        |                          |             |
| 22   |          |      |                        |      |                        |                          |             |
| 23   |          |      |                        |      |                        |                          |             |
| 24   |          |      |                        |      |                        |                          |             |
| 25   |          |      |                        |      |                        |                          |             |
| 26   |          |      |                        |      |                        |                          |             |
| 27   |          |      |                        |      |                        |                          |             |
| 28   |          |      |                        |      |                        |                          |             |
| 29   |          |      |                        |      |                        |                          |             |
| 30   |          |      |                        |      |                        |                          |             |
| 31   |          |      |                        |      |                        |                          |             |
| 32   |          |      |                        |      |                        |                          |             |
| 33   |          |      |                        |      |                        |                          |             |
| 34   |          |      |                        |      |                        |                          |             |
| 35   |          |      |                        |      |                        |                          |             |
| 36   |          |      |                        |      |                        |                          |             |
| 37   |          |      |                        |      |                        |                          |             |
| 38   |          |      |                        |      |                        |                          |             |
| 39   |          |      |                        |      |                        |                          |             |
| 40   |          |      |                        |      |                        |                          |             |
| 41   |          |      |                        |      |                        |                          |             |
| 42   |          |      |                        |      |                        |                          |             |
| 43   |          |      |                        |      |                        |                          |             |
| 44   |          |      |                        |      |                        |                          |             |
| 45   |          |      |                        |      |                        |                          |             |
| 46   |          |      |                        |      |                        |                          |             |
| 47   |          |      |                        |      |                        |                          |             |
| 48   |          |      |                        |      |                        |                          |             |
| 49   |          |      |                        |      |                        |                          |             |
| 50   |          |      |                        |      |                        |                          |             |
| TOTAL IND.   |          | 1    | 2                      | 1    |                        |                          |             |
| TOTAL DEP.   |          | 1    | 25                     | 1    |                        |                          |             |
| TOTAL CLAIMS   |          | 25   | 25                     | 1    |                        |                          |             |